

Suicide Prevention

908.1 GENERAL

The Facility Manager in cooperation with the Medical Program Manager and mental health professional shall develop and implement a suicide prevention plan incorporating the cooperative efforts of security, mental health, and health services staff. This plan shall include the following elements: identification, training, assessment, monitoring, housing, referral, communication, intervention, notification, reporting and review. All custody and health services staff will be oriented to the Suicide Prevention Plan and trained in the procedures to implement the plan. Copies of the plan are available to all staff.

908.2 PROCESS

908.2.1 IDENTIFICATION

The receiving screening procedure completed at the time of intake into the facility custody staff shall include questions and observations regarding mental status and potential for suicidal behavior.

Custody and health services staff shall be trained and alerted to the need to continuously monitor inmate behavior for suicide potential during incarceration.

908.2.2 TRAINING

Regularly scheduled training for all security and health services staff shall be provided to include identification and management of suicidal behavior in the jail setting including; high-risk periods of incarceration, suicidal risk profiles and recognition of verbal and behavioral cues that indicate potential suicide.

908.2.3 ASSESSMENT

Initial assessment of inmates identified as exhibiting signs of or the potential risk for suicidality shall be provided by nursing staff using CFMG's Psychiatric / Suicide Assessment tool when mental health staff is not physically present in the facilities. The nurse will contact on-call mental health for direction as indicated yes.

Mental health staff shall be available 40 hours per week and on-call for assessment of an inmate's level of suicide risk upon referral by health services and/or custody staff.

908.2.4 HOUSING AND MONITORING

Inmates identified as potentially suicidal shall be placed on Suicide Precautions by custody or health services staff.

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High security observation cell,

Open observation (occupied cell or dormitory),

Inmates placed on Suicide Precautions shall be monitored by custody staff twice every 30 minutes; by health services staff every six hours; and mental health staff at a minimum of once per duty shift.

All monitoring/supervision shall be documented on a log to include date, time, patient status, intervention (when appropriate), and signature/initials of individual monitoring.

Nursing staff will document all monitoring findings on the CFMG Sobering/Safety Cell/Suicide Watch/Restraints Log

908.2.5 REFERRAL

Referral of all inmates identified as displaying suicidal ideation, gestures and/or attempts shall be referred to the CFMG mental health staff by nursing staff.

Inmates on Suicide Precautions in high security observation cells whose condition deteriorates, or for whom the nurse is unable to complete a hands on assessment including vital signs after six hours of placement shall be transferred to the Shasta Regional Medical Center for further assessment.

908.2.6 INTERVENTION

Intervention and treatment shall be carried out in accordance with direct order of the responsible medical or mental health provider and/or CFMG protocols/standardized procedures.

Inmates placed on Suicide Precautions will be housed as indicated in #4. above and be provided with a suitably designed safety garment to provide for their personal privacy unless specific identifiable risks to the inmate's safety or to the security of the facility are documented.

908.2.7 COMMUNICATION

Custody, nursing and mental health staff will maintain open lines of communication to insure that all parties are kept apprised of suicide potential; suicide precaution placement, retention, and release status; monitoring findings including general status reporting through time of event and end-of shift reporting and on-call contacts to insure appropriate continuity of care and follow up.

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908.2.8 REPORTING

Reporting of inmates identified or suspected of being at risk for suicidal behavior will occur through the referral process. Referrals may be made by custody to nursing or mental health staff at any time. Current status reporting will be carried out as described in the Communications section, above and CFMG Safety Cell Policy & Procedure.

Reporting completed suicides shall be a joint responsibility of the CFMG program manager and facility manager in accordance with CFMG Inmate Deaths Policy & Procedure.

The CFMG Program Manager or nursing staff on duty shall be responsible for reporting all potential and/or attempted and completed suicides to the Facility Manager or Shift Supervisor.

CFMG management shall be notified of completed suicides within one working day.

908.2.9 NOTIFICATION

Next of kin Family members shall be notified in accordance with the CFMG Notification of Next of Kin Policy and Procedure.

908.2.10 REVIEW

All completed suicides shall be subject to a medical review and review by the Quality Management and Peer Review Committees in accordance with CFMG Inmate Deaths Policy & Procedure.